

DISSOLUTION OF FIRM OR PARTNERSHIP ENGAGED IN BUSINESS UNDER NAME OTHER THAN THEIR OWN

NAME OF FIRM OR PARTNERSHIP: _____

TYPE OF BUSINESS: _____

PLACE OF BUSINESS: _____
ADDRESS CITY STATE ZIP

NOTICE IS HEREBY GIVEN THAT _____

DOING BUSINESS UNDER THE FIRM NAME OF _____

RECORDED AS INSTRUMENT # _____

HAS DISSOLVED THE PARTNERSHIP THIS _____ DAY OF _____, 20_____.

THE BUSINESS AFFAIRS OF THE _____ ARE CONCLUDED BY:

SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. (IC 36-2-11-15)

(Signed & printed; printed; or stamped name of individual)

STATE OF INDIANA, COUNTY OF _____

Before me, the undersigned, a Notary Public, in and for said County and State, this _____ day
of _____, _____, personally appeared

said person being over the age of 18 years, and acknowledged the execution of the foregoing instrument.

Notary Public Signature

Printed Name: _____

My commission expires: _____